... For our Children

A Strategy for Healthy Child Development

A Statistical Profile of Island Children

Proposed by the Healthy Child Development Advisory Committee, October 2000

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Healthy Child Development Advisory Committee

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Dear Sirs:

On behalf of the Healthy Child Development Advisory Committee, I am pleased to submit a *Statistical Profile of Island Children* . This is a statistical document to serve as a companion to accompany *For Our Children,* our strategy for Healthy Child Development. *For Our Children* focuses on children pre-natal to eight years and their environments. This *Statistical Profile of Island Children* attempts to give a snapshot of where we are today, developed from the data available.

When planning for the future healthy development of Island children, assessment of the current situation is essential. Identifying not only our weaknesses, but also our strengths, enables decision makers to make better informed decisions based on recognized priorities. This profile serves as a reference point and provides some benchmarks for future measurement of success. Accurate data is essential to monitor and evaluate the success of the Healthy Child Development Strategy.

The success of this strategy will be based on community and government working together. Efficiency and effectiveness is as necessary in partnerships as it is in business, governments or homes. We have attempted to provide a document which can be built upon as more data is collected and will enable us to be very focussed on positive outcomes for Island Children.

Sincerely,

Carolyn E. Simpson

Carolyn Simpson
Chair
Healthy Child Development Advisory Committee

A Profile of PEI Children

When planning for the future healthy development of Prince Edward Island's children, assessment of the current situation is essential. Identifying both our strengths and weaknesses enables decision makers to make better informed decisions pertaining to recognized priorities. As well, results arising from the directions suggested in the Strategy are more easily measured. The purpose of this profile is to highlight some key statistics regarding the children of Prince Edward Island.

The document begins with available provincial data on children's health determinants. Determinants of health are those factors existing in a child's life which have a direct impact on the child's ability to achieve specific developmental milestones. Health determinants for young children may be considered in four categories:

- the socio-economic environment;
- the physical environment;
- individual capacity, coping skills and lifestyle; and
- health, social, and education services.

The final section presents future population projections for children on PEI. This is of importance as, in developing programming for children, one needs not only to have estimates of the potential number of program participants, but also the region of residence of these participants.

I The Socio-Economic Environment

The composition of PEI families has changed over the past number of years. The traditional family composed of a male "breadwinner" and a female "stay at home mother" has grown increasingly rare. Regardless of family type, child policy should recognize the realities faced by Islanders today.

Unless otherwise stated, the data in the following section is derived from the 1996 Census conducted by Statistics Canada.[1]

Family Structure and Stability

Family, using the definition adopted by Statistics Canada, includes married or common law couples with or without children living at home, and single parents with at least one never married child living at home. In 1996, 50 per cent of all families living in this province were married couples with children living at home.

Single Parents

Approximately 5,200, or 21 per cent of PEI families with children living at home were headed by single parents in 1996; of these, 4345 were female led. The Canadian rate for lone parent led families was 22 per cent. The number of Island lone parent families increased 19 per cent from 1991 to 1996. Similarly, the Canadian rate rose 19.2 per cent.

Some variation existed between counties in 1996. The proportion of lone parent families was lowest in Prince County at 19 per cent of all families in comparison to 23 and 24 per cent in Queens and Kings Counties.

Common-law families

The number of common-law families, both with and without children, are on the rise on PEI. From 1991 to 1996, the number increased from 2,015 to 2,765, or 37 per cent. The Canadian average rose by 28 per cent over the same time period. Of all PEI families, common-law families represent approximately 8 per cent, up from 6 per cent in 1991. The Canadian rate in 1996 was 12 per cent.

Younger Islanders are more likely than older Islanders to be in a common-law relationship. Among the 140 women under 20 years of age living in a couple relationship, 87.5 per cent were in common-law unions. Thirty per cent of couples aged 20 - 24 years were in common-law unions. For subsequent age groups, common-law relationships decrease sharply as a proportion of all couples.

5 per cent of PEI families with children living at home were common law, in comparison to 8.5 per cent of Canadian families. Approximately half of PEI common-law couples have children living at home.

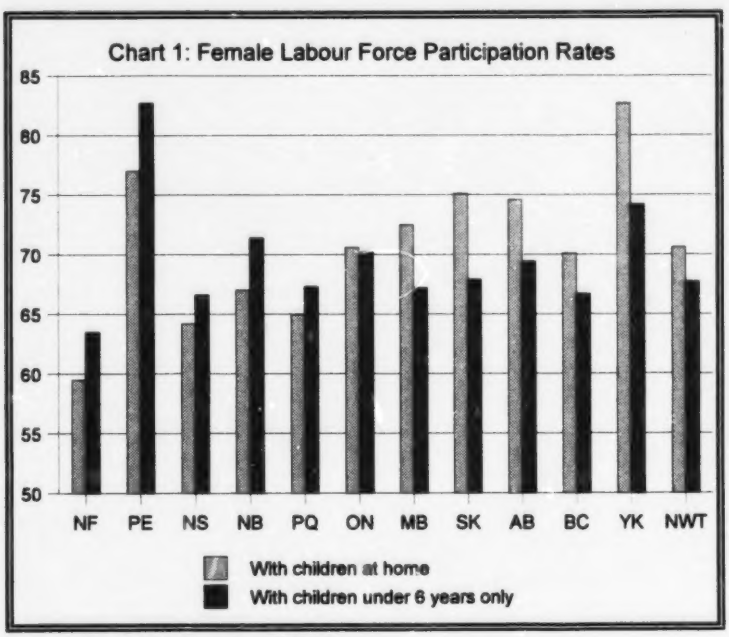
Marriage and Divorce

For every three marriages on PEI in 1998, there was approximately one divorce.[2] Both the number of marriages and divorces have remained relatively stable since 1994. The number of divorces in Canada is decreasing however, declining from 78,226 in 1993, to 69,088 in 1998.[3] The increased number of common-law families may play a role in these diminishing results.

Women in the Labour Force

One of the most significant social changes in the last generation has been in the role of women. The ever increasing numbers of women, and in particular women with young children, in the work force has meant greater independence and economic opportunity for women. However, women still carry primary responsibility for family matters often including the dual responsibility of caring for children and aging parents. Yet, employment policies do not always recognize the need to support women in the balance of work and family commitments.

PEI women consistently have one of the highest rates of labour force participation in the country. Labour force participation is the ratio of the number of people in the labour force to the population aged 15 years and older. In 1999, the participation rate for women was 60.8 per cent; the rate for men was 72 per cent, for an overall participation rate of 66.4 per cent.[4] The Canadian rates were 58.4 per cent for women and 74 per cent for men for an average of 65.6 per cent.[5]



Source: Statistics Canada, 1996 Census

PEI women with children at home were more likely to be active in the labour market than women with children at home in other provinces in 1996. The rate for PEI women with young children was

substantially higher than for similar women in any other province or territory. In general women with young children in the eastern provinces were more likely to be engaged in the labour force than were women with older children. The opposite was the case for Ontario westward.

While more PEI mothers are remaining in the labour force than those in the rest of Canada, the participation rate for women with no children living at home was similar in PEI and Canada. Table 1 compares the participation rates for women in Canada, PEI, and the three Island counties.

Table 1: Female Labour Force Participation

	Canada	PEI	Kings	Queens	Prince
All women 15 years+	58.7%	62.0%	63.3%	62.4%	60.9%
Women with no children at home	50.9%	49.8%	49.6%	51.7%	46.6%
Women with children living at home	69.2%	77.0%	78.4%	76%	77.8%
Women with children under 6 years only	68.6%	82.7%	86%	81.9%	82.2%
Women with children under 6 years and over 6 years	64.8%	79.1%	84.5%	75.9%	81.3%
Women with children over 6 years only	70.3%	75.1%	75.2%	74.5%	75.9%

Source: 1996 Census Data

Table 1 demonstrates that women in the labour force are not isolated to urban areas, as can be attested by the high rate of working women in Kings County.

Correspondingly, a high percentage of PEI children have mothers in the paid workforce, higher than the national average. This is particularly true for very young children. By the time children reach school age, however, they are no more likely than the average Canadian child to have a mother in paid employment. Table 2 below illustrates the variations.

Table 2: Children by Age with Mothers in Paid Labour Force, March 1996				
	Birth to 2 years	3 to 5 years	6-12 years	Total
PEI	71%	70%	69%	70%
Canada	59 %	60%	68%	64%

Source: Canada. National Council of Welfare. *Preschool Children: Promises to Keep.* Spring 1999

Employment and Incomes

Seasonal factors highly influence PEI employment. From 1976 to 1997, seasonality in employment declined in all provinces except PEI where the degree of seasonality has shown little change.[6] Many Islanders rely on Employment Insurance (EI) to subsidize their incomes during the off-season, as is evidenced by the large number of Employment Insurance claimants in PEI who are "frequent claimants." An EI claimant is considered frequent if he or she has had at least three fishing or regular claims in the past five years. In 1998/99, 12,700, or 55.3 per cent of all PEI regular and fishing claims were frequent.[7]

In 1999, employment in service producing sectors exceeded employment in goods producing sectors; 44, 500, or 73 per cent, employed Islanders worked in the service producing sector while 16,800 or 27 per cent, worked in good producing sectors. The average weekly salary was $481.09. 15,900 individuals were employed in sales and service occupations.[8]

In 1996, 34,415 women on PEI reported employment income, at an average of $14,724 per year. Of these women, 12,295 or 36 per cent worked full-year, full-time for an average annual income of $25,129. The remaining 21,145, or 61 per cent, worked part-time or part-year for an annual employment income of $9,007. By comparison, approximately 54 per cent of women in Canada reporting employment income worked part year, or part-time for an average earned income of $12,727.[9]

Average family income for a lone PEI female parent was $26,198, in comparison to $34,211 for lone male parents. Both are below the average of $50,448 for husband-wife families. Among children in female lone-parent families, the incidence of low income is very high. In 1996 56.1 per cent of children in such families were

low income. The rate for the whole of the Atlantic provinces was 67.6 per cent for that same year, while the Canadian rate was 65 per cent.[10] Children in this case refers to those less than 18 years of age.

Distribution of income levels is sometimes more revealing than averages as averages can be elevated by higher incomes. Table 3 depicts the distribution of income levels per family type for Prince Edward Island.

Table 3: Income by Family Type, 1997

Income Group	All Families	Families with Children under 16 years
Under $10,000	0.8%	0.8%
$10,000-$14,999	3.5%	4.3%
$15,000-$19,999	5.9%	5.4%
$20,000-$24,999	9.7%	4.3%
$25,000-$29,999	9.1%	10.0%
$30,000-$39,999	18.5%	22.1%
$40,000-$49,999	17.5%	21.7%
$50,000 and over	34.8%	31.3%

Source: Statistics Canada Catalogue 13-207-XPB, *Income distributions by size in Canada*, 1997, as cited in PEI Statistical Review, May 2000.

Social Assistance

In March 1997, 29 per cent of PEI social assistance spending went to single parents and 13 per cent to couples with children, representing 1,624 and 714 families respectively.[11] These numbers have decreased significantly since then—in December 1999, 26 per cent of PEI social assistance spending went to single parents with only 9.4 per cent to couples with children, representing 1183 and 427 families respectively.[12]

In 1998, total welfare income for a PEI single parent with one child was estimated at $11,676 by the National Council on Welfare. This figure includes social assistance, the GST rebate, the federal child tax benefit, provincial tax credits and additional benefits. The low income cut-off for this same type of family is $19,158. Total welfare for PEI single parents therefore is only 61 per cent of the low income cut-off for that family type. Similarly, a couple with two children receives only 63 per cent of the low income cut-off for that family type.[13]

The situation for PEI children receiving social assistance is comparable to other provinces. The welfare percentage of low income cut-off levels for single parents with one child ranged from a low of 50 per cent in Alberta to 69 per cent in Newfoundland in 1998. However, the question still remains as to whether we are providing enough for our children.

1999 brought increased social assistance funding for PEI families. The provincial government increased the food allowance by 10 per cent, increased the pregnancy food allowance by 10 per cent and doubled the school allowance for families. As well, funding increased through the National Child Benefit. In September 2000, the provincial government introduced a Healthy Child allowance of $14.00 per month, per child under eighteen years of age. This allowance was retro-active from April 2000 and is to be used to allow children to participate in community sporting and cultural activities.[14]

Social assistance duration varies by situation, ranging from emergency assistance for paying an oil heating bill, to assistance for one month, to full year assistance.

Family Violence

Family violence is the abuse of power within relationships of family, trust, or dependency. It can include homicide, physical assault, sexual assault, emotional and/or psychological abuse, neglect, financial exploitation, threats, and destruction of property. There is a perception of increased violence both in families and in society. As the Canadian Institute of Child Health reports, this may be a result of increased awareness of violence in the home, in the community and around the world. Awareness has raised fears, but it has also mobilized public opinion.

In PEI, community-based services for women and children experiencing family violence report an increase in the number of women served in 1998/1999. These

services, operated by Transition House Association, are located in West Prince, East Prince, Eastern PEI, and Queens County (including Anderson House). Table 4 shows the usage statistics for the past 4 years.

Table 4: Transition House Statistics

Year	Women	Children	Calls Received
1995/96	711	142	5689
1996/97	836	159	6845
1997/98	588	180	8038
1998/99	874	84	7368

Source: Transition House Association

More detailed information for PEI is unavailable; however, the following are Canadian statistics as found by Statistics Canada in 1998:

- In 1996, children under 18 were victims in 22 per cent of the violent crimes reported to police.
- Family members were responsible for one-fifth of physical assaults and one-third (32 per cent) of sexual assaults on children.
- Parents were the most likely perpetrators in cases of family-related physical (64 per cent) and sexual (43 per cent) assaults against children. Fathers were responsible for 73 per cent of physical assaults and 98 per cent of sexual assaults committed by parents.
- Girls and boys appear to be vulnerable to abuse by family members at different stages of their development. In cases of sexual assault, girls are more likely to be victimized at 12 to 15 years of age, compared with 4 to 8 years of age for boys. The likelihood of being physically assaulted by a family member increases with age for girls, reaching a peak at age 17. For boys, the peak age for physical assault is 13, after which the likelihood declines.[15]

Culture and Language

Approximately 5,600 Islanders identified themselves as speaking French as their first language in the 1996 Census, representing approximately 4 per cent the total population. The Francophone population is dispersed throughout the province in five

main regions: West Prince, Evangeline, Summerside-Miscouche, Rustico and Charlottetown. Only 210 Census respondents in Kings County reported their first language as French.

The rate of assimilation is very high, especially in regions without French schools and/or community centres. While 5,560 Islanders identified their first language as being French, only 2910 reported speaking French at home, with another 260 speaking both English and French at home. Preschool programs for Francophone children are located in Evangeline, Summerside, Rustico, and Charlottetown; schools and education programs conducted principally in French are located in Charlottetown, Summerside and Evangeline regions.

The Aboriginal population of PEI consists of approximately 1000 individuals, located mostly in Prince and Kings Counties. The largest concentration of First Nations peoples were reported in the city of Charlottetown where 300 individuals reside followed by Lennox Island with 200 residents.[16]

There is also considerable representation from other countries on PEI. The PEI Multicultural Council reports that as of 1997, individuals and families from a total of 77 different countries have re-located to Prince Edward Island.

While cultural diversity enriches our society, it also creates the need for an understanding of and a respect for different attitudes to child rearing and family practices. Children and youth from other cultural backgrounds may face difficulties in coping with language differences and unfamiliar cultural practices.

II Physical Environment

Injury Prevention and Hospitalization

The Canadian Institute for Child Health reports that injury is the leading cause of death and illness of Canadian children after one year of age. In 1995, 1,397 Canadian children died as a result of injuries and 47,228 were hospitalized.[17] In 1990, most of the children and youth in Canada, and in PEI, who died after the first year of life did so as a result of injuries.

For children under one year of age, PEI had a higher than average rate of hospitalization at 32,097 per 100,000 than the Canadian average of 22,237 per 100,000 in 1996-97, according to the Canadian Institute of Health Information. Only New Brunswick and Saskatchewan were higher. However, in terms of hospitalization due to injury, PEI, at 675 per 100,000, was below the national average of 983 per 100,000.

For older children, aged 1 to 4 years, rates of hospitalization were also high in 1996. The Canadian rate was 6,014 per 100,000 and for PEI the rate was 8,651 per 100,000. Again only New Brunswick and Saskatchewan were higher.[18] In terms of hospitalization due to injuries for this age group, again, PEI was below the national average of 710 per 100,000 at 592 per 100,000.

The Canadian Institute for Child Health reports that in 1996 - 1997 in Prince Edward Island, hospitalizations were higher than expected for children (birth - 19 years) for respiratory illness, gastrointestinal problems, and injuries.

Child Mortality

In 1990 and 1995, PEI had infant death rates below the national averages.[19] In 1996, PEI at 4.7 per 1,000 births had the second lowest infant death rate behind Quebec at 4.6. The Canadian rate was 5.6. However, PEI also had the highest perinatal and early neonatal death rates in the country at 7.7 and 4.7 per 1,000 respectively the same year. The Canadians rates were 6.7 and 3.3 per 1,000 live births.[20] The death rate for PEI children aged 1-4 was on par with the Canadian average at 27 per 100,000 in 1995.[21]

Child Restraint Use

During the week of July 25-31, 1997, Transport Canada conducted a survey of child restraint use in Canada. 22,037 observational surveys were performed in 206 sites across Canada. Of those surveyed, 100 per cent of PEI children aged 1 year and under were in an appropriate child restraint seat for their age. However, only 80 per cent of these restraints were installed properly in the vehicle. Table 5 summarizes the survey findings for PEI and Canada. While PEI is doing well, above or on par with the Canadian average, there is sizeable room for improvement.

Table 5: Child Restraint Use By Age, PEI and Canada				
Age	PEI, proper restraint	PEI, proper restraint and installation	Canada, proper restraint	Canada, proper restraint and installation
under 1	100.0%	80.0%	95.3%	68.0%
1-2 years	84.0%	54.6%	87.2%	57.5%
3-4 years	90.4%	87.5%	88.0%	74.0%
Under 5 years	90.0%	76.6%	88.9%	67.7%

Source: Transport Canada, *Child Restraint Use in Canada: 1997 Survey Data*, as cited December 6, 1999 at http://www.tc.gc.ca/roadsafety/STATS/c19804/eng/6cruind_e.htm

Bicycling and Helmet Usage

In 1996/97, 68 percent of Islanders aged 12 and over were estimated as never wearing a bike helmet in comparison to the Canadian average of 59 percent never wearing a helmet.[22] Only British Columbia, Ontario and Nova Scotia have legislation involving the use of bike helmets. These provinces also have the lowest incidences of individuals never wearing a helmet.

Asthma

Health Canada examined the prevalence of asthma among students aged 5 to 19 years in nine health units across the country in 1995 and 1996. Prince Edward Island was one of the nine selected, which also included Halifax, Sherbrooke, Guelph, Kingston, Winnipeg, Saskatoon, Edmonton and Kelowna.

Prince Edward Island, at 18 per cent, had the highest rate of asthma of all jurisdictions in the survey; Sherbrooke had the lowest rate at 9.7 per cent. The average for all jurisdictions was 13 per cent. For PEI this means approximately one in five or six school aged children have asthma.

The study also revealed that many children with asthma in the nine regions were exposed to avoidable aggravates in their home environments. For example, 47 per cent reported that exposure to animals triggered their asthma, yet 56 per cent lived in homes with pets. Carpets and rugs, as well as tobacco smoke are also known triggers. In PEI, 45 per cent of students with asthma reported being exposed to second-hand smoke regularly, mostly in their own homes.[23] To reduce symptoms, it

is recommended that the child's bed clothes be washed in hot water weekly and that their mattresses and pillows be enclosed in airtight coverings.

III Individual Capacity, Coping Skills and Lifestyle

This category of determinants includes healthy lifestyle practices, and those factors which support optimal development in the emotional, social, physical, intellectual, and spiritual domains. For very young children, healthy lifestyle practices of parents are strong determinants of children's health.

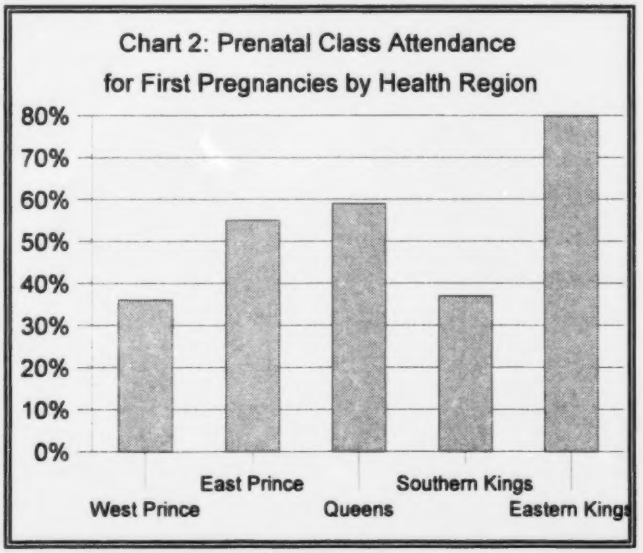
Unless otherwise noted, the data in this section has been taken from the *1998 PEI Perinatal Database Report* of the PEI Reproductive Care Program.

Prenatal Class Attendance

During 1998, 26.6 per cent of all pregnant women attended prenatal classes for education concerning prenatal nutrition, labour and delivery, and the care of newborn infants. This is a decrease from the 27.4 per cent attendance rate in 1996 and 29.6 per cent in 1997.

Typically, attendance rates for first time mothers (54.1 per cent in 1998) are much higher than women having a subsequent birth (7.7 per cent for second births and 4.1 per cent for subsequent births.) Of the women who attended classes, 86.3 per cent were first time mothers.

In addition, young first time mothers were less likely to attend classes than older first time mothers. Less than 45 per cent of women under 25 having a first child attended a prenatal class, in comparison to at least 60 per cent in each of the older age categories.



Source: 1998 PEI Perinatal Database Report

The number of pregnant teenagers participating increased from 37.9 per cent in 1997 to 39.5 per cent in 1998. All participating teenagers were having their first child.

Attendance rates differed by Health Region, as is seen in Chart 2. Only Southern and Eastern Kings Regions showed an improvement from 1997, with Eastern Kings improving the most from 61 per cent to 80 per cent.

Smoking during Pregnancy

In 1998, 29.3 per cent of women at time of delivery smoked. This is an increase from the 26.8 per cent rate in 1997. Of the women who smoked during pregnancy, 45 per cent reported smoking more than 13 cigarettes per day.

The likelihood of smoking while pregnant decreases as age of the mother increases. For women younger than 20 years of age, the rate of smoking during pregnancy was 49 per cent, whereas the rate drops to approximately 22 per cent for women 35 years and older.

A correlation also exists between the likelihood of smoking while pregnant and marital status—in 1997, 17 per cent of pregnant married women smoked in comparison to 49 per cent of single women and those living in common law relationships.

Increased education could help lower the incidence of smoking during pregnancy; however, education should be targeted not only to pregnant women but also to their partners. The PEI Reproductive Care Program revealed that in 1997, 19 per cent of pregnant non-smokers were exposed to second hand smoke in their own homes.

Maternal Alcohol Consumption

Health Canada reports that Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE) is a national health concern for individuals, families, communities and society-at-large, constituting a life long disability requiring ongoing support. Prenatal exposure to alcohol can cause: developmental delays, intellectual deficits and learning disabilities, hyperactivity, attention and/or memory deficits, inability to manage anger, difficulties with problem solving, skull and brain malformation as well as growth deficiencies and facial abnormalities. On PEI, we have yet to

establish mechanisms to measure the effects of FAS/FAE on Island Children and families.

Birth Weight

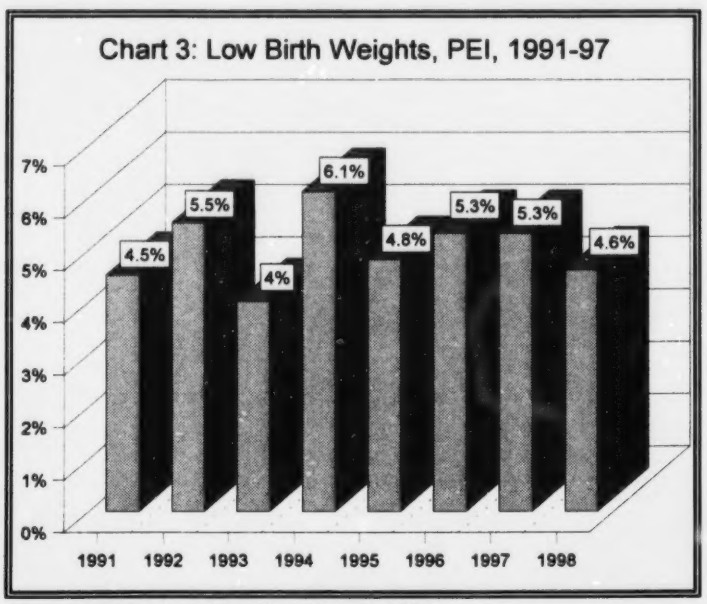
Low birth weight newborns are defined as newborns who are born weighing less than 2,500 grams, or 5.5 pounds. Average weight is 3,400 grams, or 7.5 pounds. Low birth weight is a leading underlying cause of illness in infancy and childhood and can cause long term disabilities creating multiple needs for physiotherapy, speech therapy, specialized equipment, and other costly services.

Low birth weight may result from:

- demographic factors, including mother's socio-economic status, her level of education, age at conception, marital status and race;
- medical complications, including premature labour, high blood pressure, infection; and
- behaviours, including smoking, stress, nutrition, alcohol, access to prenatal care and social support.[24]

Health Canada estimates that approximately half of low birth weights result from premature births and the other half from the factors listed above. The greater the number of risk factors, the greater the chances of having a low weight baby.[25]

From 1991 to 1998, an annual average of 5 per cent of babies born in PEI were considered to have low birth weights. In 1997, PEI had the second lowest birth weight rate in Canada at 5.3 per cent in comparison to the Canadian incidence of 5.8 per cent.[26] Chart 3 shows the variation in rate from 1991 to 1998.



Source: PEI Perinatal Database Report 1998

The presence of risk factors did affect children born on PEI in 1998. 8.1 per cent of children born to mothers who smoke greater than 13 cigarettes per day were low birth weight babies. This rate is almost double the 4.1 per cent occurrence for non-smoking mothers. Maternal age also demonstrated an influence as 8.7 per cent of children born to women under 19 and 12 per cent to women 40 years and older had low birth weights.

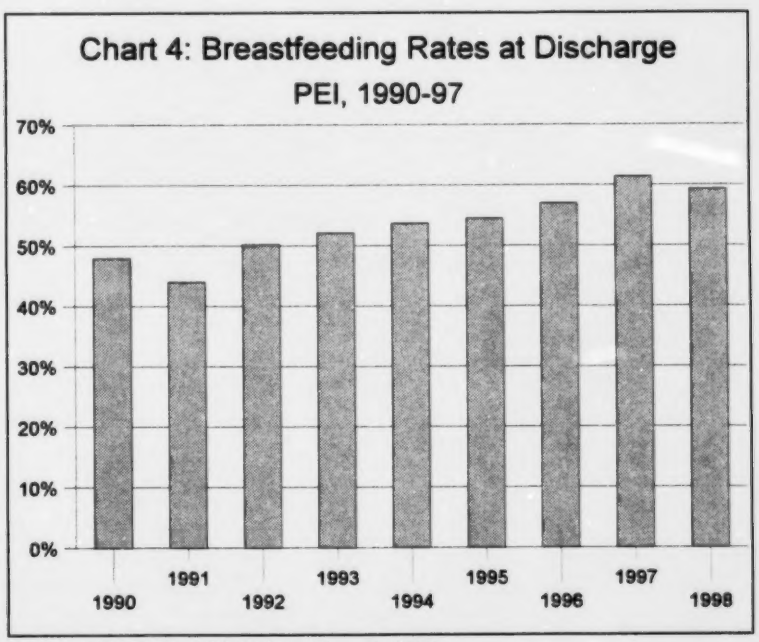
Breastfeeding

Breastfeeding is acknowledged to be an ideal source of nutrition for human infants. Breast milk contains immunoglobins and antibodies to fight infection. The act of breastfeeding enhances mother-child attachment, which in turn has positive impacts on a child's emotional development, as well as on the child's immune system. Breastfed babies exhibit fewer instances of early childhood illness, notably respiratory infections, asthma, and ear infections.

Women choose to breastfeed or not for a variety of reasons. Some barriers to successful breast feeding include:

- lack of consistent and accurate information among medical and nursing personnel;
- lack of knowledge and misconceptions;
- hospital practices;
- lack of self-confidence;
- workplace inflexibility; and
- lack of role models and family support.[27]

In 1998, 59.3 per cent of all new Island mothers were breastfeeding when they left the hospital. This demonstrates a slight decrease following a steady increase in the rate of breastfeeding in



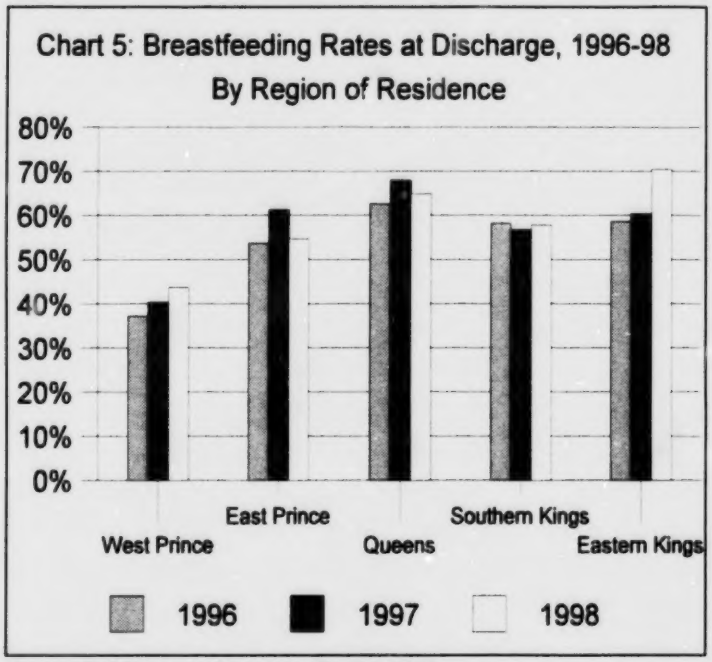
Source: PEI Perinatal Database Report, 1998

this province since 1991, as is seen in Chart 4. Considerable room for improvement exists as the national average in 1994-95 was 73 per cent by comparison.[28]

Breastfeeding appears to be associated with marital status, with 67.3 per cent of married women breastfeeding. Women living in common law relationships and single women have the lowest rates of breastfeeding at 46.6 per cent and 40.5 per cent. Women who are separated, divorced, or widowed have a 50 per cent rate of breastfeeding.

Young PEI mothers are less likely to breastfeed. For mothers younger than 25 years old, the rate of breastfeeding at discharge from the hospital was 46.3 per cent in 1998; for mothers older than 25 years of age, the rate was 65.5 per cent. These figures compare to 48.1 per cent and 67.5 per cent in 1997.

Worthy of note is that while young mothers are less likely to breast feed, they are also less likely to be married. 81 per cent of women who were single at the time of delivery were under 25 years of age.



Source: PEI Perinatal Database Report 1998

Breastfeeding rates vary according to region of residence, with West Prince at 43.7 per cent having the lowest rate at discharge and Eastern Kings the highest. Chart 5 illustrates the differences by region.

Women who smoke are less likely to breast feed. For non-smokers, the rate of breastfeeding was 66.9 per cent in 1998. For smokers, the rate of breastfeeding declines as the rate of smoking increases. For women who smoke 1-12

cigarettes per day, the rate of breastfeeding was 47.7 per cent; only 33 per cent of women who smoke more than 13 cigarettes per day breastfed their babies.

The National Longitudinal Survey of Children and Youth found a correlation between income and education levels and the rate and duration of breast feeding. The lower the income and/or education levels of the mother, the less likely they are to breast feed; and of those who do breastfeed, the more likely are they to quit before the child reaches 3 months of age. The recommended time period is at least 4 months of age.[29] No data is available for breast feeding duration on PEI.

Sudden Infant Death Syndrome (SIDS)

Statistics Canada in 1995 reported 252 total SIDS deaths in Canada, for a rate of 0.67 cases per 1000 births. This rate had been consistent for the three years previous. The PEI rate is more difficult to determine due to our small sample size. However, when looking at the incidence from 1985 to 1995, one can estimate that between 0-3 infant deaths per year can be attributed to SIDS on PEI.[30]

The following practices are recommended for reducing the risk of SIDS deaths:

- placing the baby on their back or side to sleep;
- maintaining a smoke free environment;
- preventing the child from becoming too hot; and
- breastfeeding, if possible.

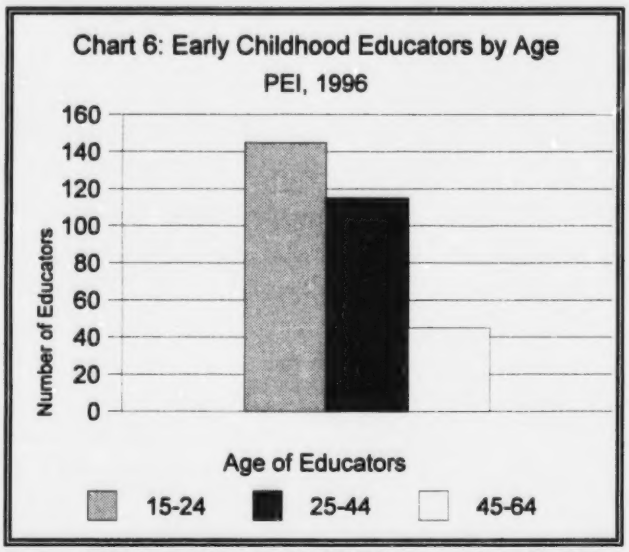
IV Health, Social and Educational Services

Childcare

Accessible childcare is of great importance to Island families. In 1995, PEI had regulated child care spaces for only 16 per cent, or 3,888, of children 12 years of age and under. The Canadian average was 8 per cent for the same year.[31]

In 1996, the Census indicates that there were approximately 320 early childhood educators employed on PEI. Of these, 145, or 45 per cent were under age 25, 125 were in the 25-44 age group, and 35 over 45 years of age, as seen in Chart 6. These figures suggest a very high staff turnover rate.

This high turnover may be explained in part by the low salary levels of these professionals. Average annual salary for these educators in 1996 was $15,845 with an hourly wage rate ranging from $6.00 to $9.72. Early Childhood Educators were for the most part employed in non-institutional social services(80 per cent), elementary and secondary education(9 per cent), with the remaining in other organizations.[32]



Source: 1996 Census, as cited in HRDC Occupational Profiles, Early Childhood Educators(4214)

Learning Supports

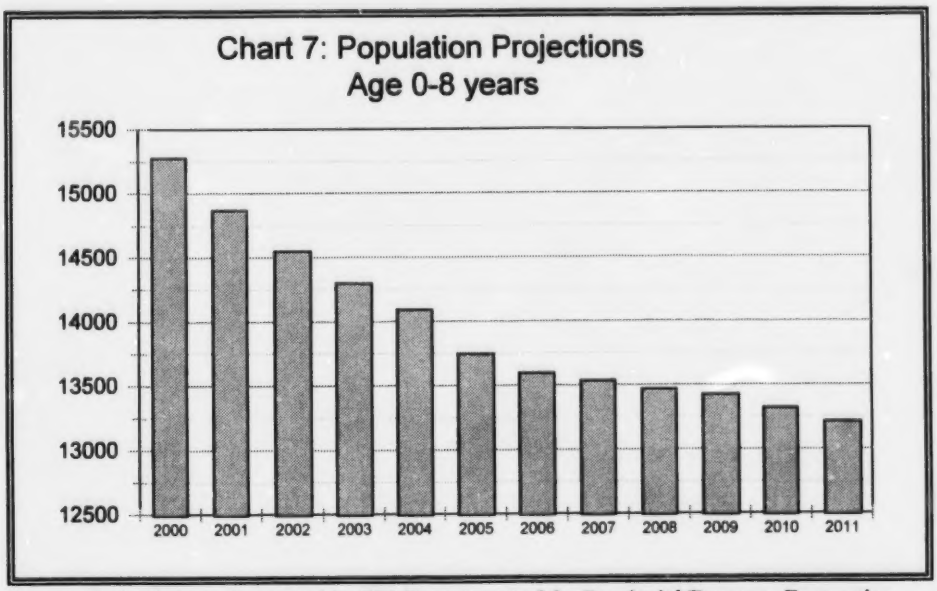
In terms of learning in the school system, students can be categorized as those who:

- interact in their learning environment without significant difficulty,
- have difficulty learning,
- have difficulty learning in the system, and
- are unchallenged by the system.

Approximately 70 per cent of school aged children are estimated to be in the first group, with the other 30 per cent requiring some sort of additional supports. Of this 30 per cent, approximately half are considered "exceptional" in that they require supports outside those normally provided by the system. These are the children who have significant difficulties learning, have significant difficulty in the learning environment, or who are not challenged by the learning environment. It is estimated that approximately 3 per cent of all students fall into the latter category of not being challenged.[33] It is essential that educational policy recognizes these estimates and provides supports as required.

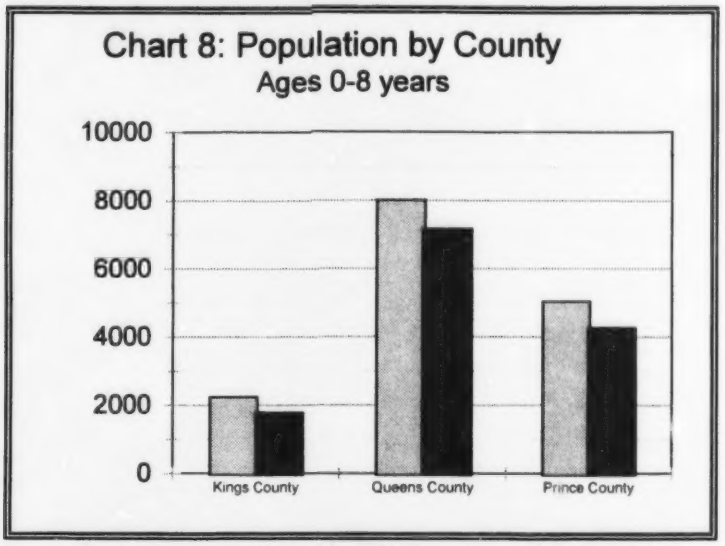
V POPULATION

The number of children aged 0-8 years on PEI is expected to decline over the next ten years. From 2000-2001, the population for this age cohort is forecasted to decrease 14 per cent, from 15,279 in 2000 to 13,213 in 2011, as seen in Chart 7.



Source: Projections as forecasted by PEI Department of the Provincial Treasury, Economics, Statistics and Federal Fiscal Relations, October 24, 2000.

The 0-8 population decrease will be especially felt in Kings County where a 18 per cent decline is expected, as opposed to the 10 per cent and 14 per cent decreases expected in Queens and Prince Counties. The Kings County decline is consistent with that County's forecasted declining total population. In terms of children per capita, however, the percentage for Kings County is expected to be on par with the provincial average. In other words, although there are fewer people living in Kings County, the ratio of children to total population is now and expected to remain consistent with the PEI average.[34]



Source: Projections as forecasted by PEI Department of the Provincial Treasury, Economics, Statistics and Federal Fiscal Relations, October 24, 2000.

Meanwhile, the total population of Prince Edward Island is expected to increase by 2.2 per cent from approximately 139,000 to 142,000 over the same time period. The population of those aged 65+ is expected to increase 18 per cent over that period from 18,204 to 21,399, while the labour force aged 15-64 will rise only 5 per cent from 93,197 to 98,050.[35] The implication is that the ratio of the labour force to seniors is shrinking—there will be fewer wage earners per retired persons putting additional strain on government spending dollars. With this changing demographic landscape, it in the best interest of future Islanders, both young and old, to invest in today's children as they soon will become those citizens on whom older Islanders rely.

VI CONCLUSION

The profile of PEI children presented serves merely as a reference point for further investigation. This information can be used for comparison purposes for monitoring the results arising from the proposed Strategy. In some cases, data systems will need to be created or improved. These instances have been recommended in the Report itself. With effective data collection and monitoring, the success of the Strategy for Healthy Child Development as proposed by the Advisory Committee is ensured.

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